

## **Employment Application**

Human Resources Department 22560 SW Pine Street Sherwood, OR 97140

## PLEASE COMPLETE A SEPARATE APPLICATION FOR EACH POSITION YOU APPLY FOR

The City of Sherwood is an Equal Opportunity Employer dedicated to a policy of non-discrimination in employment on the basis of race, color, religion, sex, national origin, age, or physical disability. The City of Sherwood provides access, equal opportunity and reasonable accommodation in its services, programs, activities, education and employment for individuals with disabilities. To request disability accommodation, contact the Human Resource Department at (503) 625-4201.

Position Applied For:								
Name:								
Address:	Last	First				M.I.		
	Street	Cit	y and State	;		Zip		
Home Phone:	7	Business Ph	one:		(	Cell Phone:		
Other/Former Names:					Email Address:			
How did you learn about this position?								
Newspaper Internet (note) Walk-In Referred by City Employee Other (note)								
Note:								
Do have computer experience?  Yes No Windows Mac Other (note)								
Note:								
What software applications are you most familiar with?								
Can you, after employment, submit verification of your legal right to work in the U.S?								
Education:								
Check highest level completed:								
☐ High School/GED ☐ Community College ☐ College/University ☐ Graduated? ☐ Type of ☐ Course of ☐ Cours								
	Name and locat	ion of school	Yes	No		na or Degree	Study\Major	
HS or GED								
Vocational Technical Jr. College								
College or University								

## Education - continued:

Mana a a		and location of school	Graduated?			pe of or Degree	Course of	
Othor	Ivame	and location of school	l Yes	No_	Dipioma	or Degree	Study\Major	
Other								
Other			-					
Otrici				11				
Other								
Please list any this position:	licenses,	training, certificates, or	members	hips you	u currently	have that n	nay be helpful in	
Evnerience	Dlagge	liet vermensierre eneel	a. maant	hoginni	na with w	our mont ra	acent evenerience	
		list your previous empl					ecent experience. I more than one positior	
		er, list each separately						
with the same	Citiploy	er, not each separatery	. <b>030 a</b>	aditioni	ai dilecto	ii ricocooai	у.	
May we contact your present employer? YES NO								
		Employer:				Superviso	or:	
Mont	:h/Year							
From:		Address:				Phone:		
To:		Street (	City	State	Zip	Reaso	on for leaving:	
Position Title:		Job Duties:						
Last Salary: \$								
Ψ		Employer:				Superviso	r	
Mont	:h/Year	Linployer.				Ouperviso	"'	
From:		Address:				Phone:		
To:		Street (	City	State	Zip	Dance	n for locuing	
Desition Title		Job Duties:				Reaso	on for leaving:	
Position Title:		JOD Dulles.						
Last Salary:								
\$								
					_			

## **Experience** - continued

Month/Year	Employer:					Supervisor	
From:	Address:			Phone:			
To: Stre		eet	City	State	Zip	Reason for leaving:	
Position Title	Job Duties:						
Last Salary:							
Month/Year	Employe	Employer:				Supervisor:	
From:	Address:			Phone:			
To:	Stre	eet	City	State	Zip	Reason for leaving:	
Position Title:	Job Dutie	es:					
Last Salary: \$							
References:							
Name:	Phone: I		Relation	Relationship/Years acquainted:			
Name:		Phone: Relationship/		onship/Y	Years acquainted:		
Name:		Phone:		Relation	Relationship/Years acquainted:		
Have you ever been discharged or requested to resign from any position? If yes, explain here:							
<b>Certificate of Applicant</b> (read carefully before signing): I hereby certify that all statements made in this application are true and I agree and understand that any misstatements of facts herein may cause forfeiture of employment. I authorize previous employers and references to release information as necessary to verify my qualifications for employment.							
Date:		Sig	Signature:				